

MANCHESTER HEALTH DEPARTMENT

1528 Elm Street

Manchester, NH 03101

Tel: (603) 624-6466 Fax: (603) 628-6004

SWIMMING POOL INSPECTION FORM

Facility Name: _____ License Number _____

Address: _____

Manager: _____ Capacity: _____

Date Inspected _____ Pool Inspected by: _____

"X" in "NO" Column indicates a violation

<u>WATER QUALITY</u>	YES	NO	REMARKS
* Chlorine residual (1.0 - 3.0 ppm) max of	_____	_____	
* pH (7.0 - 7.8)	_____	_____	
* Clarity -- Main drain / deepest part visible	_____	_____	
* Water temperature not above 104 ⁰ F	_____	_____	
Total alkalinity _____ (80-120) suggested	_____	_____	
<u>SAFETY STANDARDS</u>			
* Life-ring, reach-pole available	_____	_____	
* Breakpoint marking present	_____	_____	
* Depths properly indicated	_____	_____	
* Safety rules / emergency phone numbers posted	_____	_____	
First aid kit and backboard available	_____	_____	
* Drain covers provided and secure	_____	_____	
<u>CONSTRUCTION AND MAINTENANCE</u>			
Pool dimensions _____ Gallons _____			
* Pool fenced or enclosed with self-closing and latching gates	_____	_____	
Pool lining smooth and cleanable	_____	_____	
Hose bib accessible	_____	_____	
* Recirculation system properly working	_____	_____	
- Flow meter present and working	_____	_____	
- 8 hour turnover through filters	_____	_____	
- Filter/filtration acceptable	_____	_____	
* Chlorination properly working	_____	_____	
* Free of cross connections	_____	_____	
Proper testing equipment available	_____	_____	
Suitable daily records kept	_____	_____	
(disinfection, backwash & operational)	_____	_____	
<u>AREA SANITATION</u>			
Swimming / bathing area clean	_____	_____	
Separate toilet facilities provided	_____	_____	
Toilet facilities clean & maintained	_____	_____	
Shower facilities provided & maintained	_____	_____	
Waste receptacles provided	_____	_____	

***NOTICE:** This inspection found a violation of section 91.42/43 of the City of Manchester Code of Ordinances. This violation must be corrected within _____. Failure to do so may result in the issuance of a citation.

FACILITY MANAGER_____
ENVIRONMENTAL HEALTH SPECIALIST